

1000er

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10582797

FILING DATE

APPLICATION NO.

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
1						
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TOTAL IND.	1	↓		↓		↓
TOTAL DEF.	9	←		←		←
TOTAL CLAIMS	10					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.
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TOTAL IND.		↓		↓		↓
TOTAL DEF.		←		←		←
TOTAL CLAIMS						